Name in Full

Certificate of Death

Charles E Adlesberger

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 1950 Month: Feby. Day: 10 | Age Y. 10 M. D. | Native of Maryland | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name John M. Adlesberger

Mother's Name Anna Nash

Cause of Death: Primary Meningitis

Immediate Convulsions

39a

How long sick: Two days

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Robert L. Annan M.D.

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Lulu V. Bender

Town — County

Died at Frederick — MARYLAND

Date ~~1903~~ 1903	Month 2	Day 5	Age Y. 24	M. —	D.	Native of US	Occupation —

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 3

~~Husband~~ Wife of George Bender

Father's Name Isaac Houck — Mother's Name Caroline H—

Cause of Death: Primary Phthisis Pul — How long sick

Immediate Exhaustion 22a — Accident, Suicide, Homicide

Reported by Franklin Buchman Quinty

Address Fred. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Interment Feb 8 en
" at Mt Olivet
A. T. Rice & Son's

Name in Full Certificate of Death

Catharine Bennett

Died at Town Fredk County Fredk MARYLAND

Date 1900 Month 2 Day 7 Age Y. 59 M. D. Native of Md Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living three

~~Husband~~ Wife of Wm Bennett

Father's Name Mother's Name 57

Cause of Death Primary Mitral Insufficiency How long sick several years

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Wm Crawford Johnson MD

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65265

Name in Full: Pearl Marie Brown

Certificate of Death

Died at — Town: Garfield — County: Frederick — MARYLAND

Date 1900 — Month 2 — Day 21 | Age Y. 10 M. 23 D. | Native of Garfield | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of ~~children~~ living

Husband of Wife

Father's Name: Rufus Brown

Mother's Name: Sood Misner

Cause of Death — Primary: Pneumonia — How long sick: 6 days.

Immediate — Accident, Suicide, Homicide

Reported by: James A. Grove

Address: Wolfsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. A. J. Smith,

of Wilsonville Or.

Seen by Coroner _____

of _____

Information contained in this certificate received from John Kuhn

of Garfield Wash.

Name in Full Joseph E. Brushey

Certificate of Death

Died at Town Braddock County Frederick MARYLAND

Date 19 ad | Month 2 | Day 25 | Age Y. 61 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Alcoholism 34 — How long sick

Immediate Frozen — Accident, ~~Suicide~~, ~~Homicide~~

Reported by Carroll Record

Address 3-8-1909.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 29808

Name in Full

Certificate of Death

James S. Castle

Town | County

Died at Frederick | Frederick | MARYLAND

Date 1900 | Month Feb | Day 18 | Age Y. X | M. 2 | D. 15 | Native of | Occupation X

Male | ~~Female~~

White | Colored

~~Married~~ | ~~Single~~ | ~~Widow~~ | Widower | ~~Divorced~~

Number of children living ~~0~~

~~Husband~~ / ~~Wife~~ of Laura C

Father's Name Lush Castle

Mother's Name Amanda Castle

Cause of Death: Primary — Pneumonia 72 — How long sick Two weeks

Immediate — Accident, Suicide, Homicide

Reported by J. F. Smith

Address 24 East 2d Street J. F. Smith

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary M. Collins

Certificate of Death

Died at Town Buckeystown County Frederick MARYLAND

Date 1899 Month Feb Day 24 Age Y. 53 M. 4 D. Native of Va. Occupation Housewife

Male ~~Female~~ Colored ~~White~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Daniel Collins.

Father's Name Bowdin Mother's Name Rachel Calvert.

Cause of Death: Primary Pneumonia 72 How long sick Seven days

Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. B. Johnson M.D.

Address Adamstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Sarah Margret Cramer.

Certificate of Death

Died at Town Mt Tabor. County Frederick MARYLAND

Date 1900 Month 2 Day 20 Age Y. 68 M. — D. — Native of Frdk Co. Occupation H. work

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8.

~~Husband~~ Wife of John P. Cramer. 25 f

Father's Name Josua Cain. Mother's Name Sarah M. Cain.

Cause of Death Primary Broncho-Pneumonia. How long sick 1. mark.

Immediate Acute Phthisis ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Ht. Gitzendanner Emw

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

William H. Crouse,

Died at Town Emmitsburg County Frederick MARYLAND

Date 19 00 | Month 2 | Day 16 | Age Y. 78 M. 10 D. 27 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle

Address

2-23-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72888

Name in Full

Certificate of Death

Thomas A. Danner

Died at Town: Frederick County: Frederick MARYLAND

Date 1900 Month: Feb. Day: 18 | Age Y.: 67 M.: 1 D.: 18 | Native of: Frederick Co. | Occupation:

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 5

~~Wife~~ Husband of Lydia Danner 57

Father's Name [illegible] Danner | Mother's Name Elizabeth Danner

Cause of Death — Primary: Valvular dis of Heart | How long sick: Abt 2 yrs.

Immediate: Paralysis of Heart | ~~Accident, Suicide, Homicide~~

Reported by J. O. Hendricks M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise ~~by~~ coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Francis Ann Davis

Died at Town: Middletown County: Frederick MARYLAND

Date 1897 Month: July Day: 26 | Age Y.: 47 M.: 3 D.: 2 | Native of: Maryland | Occupation: Housewife

White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Divorced~~ | ~~Widower~~ | Number of children living: five

~~Husband~~ Wife of Thomas J. Davis

Father's Name: John Tracy | Mother's Name: Ann Tracy

Cause of Death — Primary: La Grippe 9 | How long sick: 8 days

Immediate: Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: D. W. Beakley M.D.

Address: Middletown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 659RR

H. C. Fleet Undertaker

Name In Full

William Dale

Certificate of Death

Died at Town: Brunswick County: Frederick MARYLAND

Date 1900 Month Feb Day 2 | Age Y. 21 M. D. | Native of Md | Occupation Brakeman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name J. H. Dale

Mother's Name Delia Thomas

Cause of Death: Primary Rail Road accident 145d

Immediate Shock

How long sick 30 hrs

Accident, ~~Suicide, Homicide~~

Reported by Levin Nesbit

Address Brunswick Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Received 2. 2 1900
11 a m

Name in Full Mrs Arrobella Lovenia Davis

Certificate of Death

Died at Town Kemptown County Frederick, MARYLAND

Date 1900 Month Feb, Day 23, Age Y. 45 M. 7, D. 13, Native of Md, Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of John F. Davis 57

Father's Name Horace Sheckles. Mother's Name Amendia Browning

Cause of Death Primary Rheumatism, Artic, How long sick 3 months

Immediate Endocarditis. Accident, Suicide, Homicide

Reported by J. W. Tellman, M.D.

Address Kemptown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Keefer Jasper Draper

Certificate of Death

Died at Town Garfield County Frederick MARYLAND

Date 1900 Month 2 Day 24 | Age Y. 8 M. 20 D. | Native of Garfield | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name Hanson Draper

Mother's Name

Cause of Death: Primary Pneumonia — How long sick 8 days

Immediate — Accident, Suicide, Homicide

Reported by James A. Grove

Address Walkersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Joseph Redman

of Canfield

Name in Full George Engle

Certificate of Death

Died at Town Yellow Springs County Frederick, Co, MARYLAND

Date 1960 Month July Day 14 | Age Y. 1 M. 6 D. | Native of Md. | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

Husband of Wife

Father's Name John Engle

Mother's Name Mary Kline

Cause of Death: Primary Encephalitis & Convulsions How long sick 2 4 days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by S. N. Hockensmith M.D.

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 650E8

Name in Full

Certificate of Death

Sister Melania (Louise Sophia Fischer)

Died at Emmitsburg (Town), Frederick Co. (County) MARYLAND

Date 1900	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Feb.	24		77	2	6	Germany	Sister of Charity

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name: John Christian Fischer | Mother's Maiden Name: Dorothea Kneas

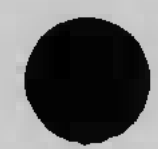
Cause of Death:
- Primary: Chronic Bronchitis — How long sick
- Immediate: Carbonic acid poisoning — Accident, Suicide, Homicide

Reported by Joseph A Hoke

Address Emmitsburg Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Emma Rebecca Gamble

Certificate of Death

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 1900 Month: Feby Day: 17 | Age Y.: 66 M.: 3 D.: 5 | Native of: Maryland | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 2

Husband of Wife: Samuel Gamble

Father's Name: Joseph Danner Mother's Name: Martha Annan

Cause of Death: Primary: Abdominal tumor — How long sick: 1 year

Immediate: Exhaustion 158.

~~Accident, Suicide, Homicide~~

Reported by: Robert L Annan

Address: Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Edwin D. Geesey

Certificate of Death

Died at Town Woodsboro County Frederick MARYLAND

Date 1900 Month 2 Day 21 Age Y. 63 M. 6 D. 15 Native of Pensylvania Occupation Basket maker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband Wife of Mary Geesey

Father's Name Jacob Mother's Name Mary

Cause of Death Primary Cancer of Face How long sick 2 years

Immediate 25g ~~Accident, Suicide, Homicide~~

Reported by D. A. Sharett

Address J Woodsboro Fredk Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

D. A. Sharetts Undertaker

Name In Full Rebeca Grey

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 1900 Month Feb Day 9 | Age Y. 39 M. 10 D. 9 | Native of Virginia | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored (?) ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ of Wife Dennis Grey 259

Father's Name Martin McCay Mother's Name Unknown

Cause of Death: Primary Carcinoma Anasarca Pneumonia | How long sick Dec 25 to Feb 9

Immediate General Debility Colapse | ~~Accident, Suicide, Homicide~~

Reported by E L Beckley M D

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Emma Catherine Hauver

Certificate of Death

Died at: Town: Myersville, County: Frederick

MARYLAND

Date 1891 Month 2 Day 9 | Age Y. 2 M. 9 D. 21 | Native of: Md | Occupation:

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife

Father's Name: Haddens Hauver

Mother's Name: Charlotte Hauver

Cause of Death: Primary / Immediate: Meningitis 39a

How long sick: 1 day

Accident, Suicide, Homicide

Reported by: Ralph Browning MD

Address: Myersville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Mark Anthony Hays

Certificate of Death

Died at Town: Garfield County: Frederick MARYLAND

Date ~~1900~~ Month 2 Day 21 | Age Y. 9 M. 6 D. 27 | Native of Garfield | Occupation School boy

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband / Wife of

Father's Name: Clay Hays

Mother's Name: Susan Hays

Cause of Death — Primary: Inflamation of bowels — How long sick: 7 days

Immediate — Accident, Suicide, Homicide

Reported by James A. Gore

Address Walkersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70005

Attended by Dr. Lewis Lamar

of Wolfville Md

Seen by Coroner

of

Information contained in this certificate was received from Rev G. Powell

of Wolfville

Md.

Name in Full Johnson

Certificate of Death

Died at Town Frederick County " MARYLAND

Date 1900 Month 2 Day 17 Age Y. M. D. Native of — Occupation —

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife x

Father's Name Lewis Johnson Mother's Name Tacy Goings

Cause of Death Primary Stillbirth How long sick x

Immediate x Accident, Suicide, Homicide

Reported by C. F. Goodell. M.D. Health Officer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sister Josephine. (Ellen Agnes Leddy)

Town

County

Died at St. Joseph's Academy. Emmitsburg. Frederick Co. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1900	Feb.	17	Age	61	2	19	Michigan	Sister of Charity

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: John Leddy

Mother's Maiden Name: Rosa Leddy Mc Farland

Cause of Death: Primary: Tuberculosis of the lungs

Immediate: Carbonic Acid poisoning

How long sick

Accident, Suicide, Homicide

Reported by: Joseph F. Hobe

Address: Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Sarah Mc Bride

Died Mar Town Middletown County Frederick MARYLAND

Date 1900 Month Feb Day 2 | Age Y. 60 M. 6 D. 26 | Native of Frederick Co | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Lawrence Mc Bride

Father's Name Henry Zigler

Mother's Name Sarah Smith

Cause of Death: Primary Pneumonia 72 — How long sick 5 days

Immediate Collapse — ~~Accident, Suicide,~~ Homicide

Reported by E L Bickley

Address Middletown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Wm L Mack undertaken

Name In Full

Certificate of Death

Mrs. Rebecca Mock

Died at Town: Lovettsville County: Frederick MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
17	2	12		71	—	—	—	—

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~

Number of children living 6

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death — Primary: 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald

Address

2-23-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Olney. Ralph Nicolas — Certificate of Death

Died at: Frederick — County: Frederick Co — MARYLAND

Date 1900 — Month: 2 — Day: 2 — Age: Y. 4 M. — D. — Native of: — — Occupation: —

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of: Charles Olney

Father's Name: — Mother's Name: 86

Cause of Death — Primary: Membranous Croup — How long sick: 4 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by: Roy P. Putney M.D.

Address: Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full: Jacob Reno B. Poffinberger

Certificate of Death

Died at Town: Church Hill County: Frederick Co. MARYLAND

Date 1900 189 Month 2 Day 7 | Age Y. 27 M. 10 D. 1 | Native of Md. | Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Hezekiah Poffinberger

Mother's Name: Anna R. Poffinberger

Cause of Death: Primary Tuberculosis

Immediate Asthenia

220

How long sick: 8 mo.

~~Accident, Suicide, Homicide~~

Reported by: Ralph Browning M.D.

Address: J Myersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Wade Hampton Pope

Certificate of Death

Died at Town Brunswick County Frederick MARYLAND

Date 19 — Month 2 Day 5 | Age Y. M. D. | Native of Balto. | Occupation fireman, B&O.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wesley Pope

Mother's Maiden Name Margaret Pope

Cause of Death: Primary 145 d

Immediate Killed by train

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Brunswick Herald

Address 3-9-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Dennis Ramsburg

Certificate of Death

Died at Town Frederick County Frederick — MARYLAND

Date 1900 Month Feby Day 1 Age Y. 80 M. — D. 10 Native of Frederick Co Occupation Retired.

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 8

Husband of Wife Lydia Ramsburg

Father's Name Dennis Mother's Name — Billie

Cause of Death Primary Old Age 141 How long sick A few days

Immediate 4 Weeks

~~Accident, Suicide, Homicide~~

Reported by J. S. Maynard

Address 17 W. 2d St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sister Rosina (Rose Quinn)

Town

County

Died at Emmitsburg Frederick Co. MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1900	Feb.	13	Age	86		26	Emmitsburg Md.	Sister of charity

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Patrick Quinn

Mother's Maiden Name Mary McAlister

Cause of Death — Primary: Pneumonia

How long sick

Immediate: Cancer of Stomach

Accident, Suicide, Homicide

Reported by Joseph L Hohe

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full | Certificate of Death

Mary Reed (Sister Ann Aloysia)

Town | County

Died at Emmitsburg. Frederick Co | MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1900	Feb.	8	Age	76	5	18	Ireland	Sister of charity

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Bernard Reed | Mother's Maiden Name Alice McGuire

Cause of Death: Primary Softening of the Brain | How long sick

Immediate Apoplexy | Accident, Suicide, Homicide

Reported by Toffen & Hohe

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Name in Full

Certificate of Death

Carrie May Reese

Died at Town: Frederick County: Frederick MARYLAND

Date 1900 Month: February Day: 2 | Age Y. 28 M. 6 D. 11 | Native of: Frederick | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living —

Husband / Wife of —

Father's Name: Lewis H Reese

Mother's Name: Louisa Staley

Cause of Death:

- Primary: Tuberculous Phthisis 22a — How long sick: 1 year
- Immediate: Exhaustion due to Pulmonary Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by: LaBruck

Address: 17 E 2nd St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Nancy Ann Rohrback

Certificate of Death

Died at Town Burkittsville County Frederick MARYLAND

Date 19 00 Month 2 Day 25 Age Y. 79 M. 2 D. 1 Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ of Wife Jacob Rohrback

Father's Name Mother's Maiden Name

Cause of Death Primary 65 How long sick

Immediate Hemorrhage Accident, Suicide, Homicide

Reported by Brunswick Herald

Address 3-2-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Louisa Summers

Certificate of Death

Died at Town Fredk County Fredk MARYLAND

Date 1900 Month 2 Day 9 Age Y. 60 M. D. Native of Md Occupation ——

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living 3

Husband / Wife of ——

Father's Name Isaac Hood Mother's Name Eliza Hood

Cause of Death Primary Nephritis 97 How long sick 6 months

Immediate Uraemia ~~Accident, Suicide, Homicide~~

Reported by Dr McCrawford Johnson

Address Fredk Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jones

LIBRARY BUREAU, [illegible]

Interment Feb 11th

" at Laboring Sons

A. F. Rice & Sons.

Name in Full

Certificate of Death

Emily M. Shorb

Died at Town: Emmitsburg County: Frederick MARYLAND

Date 1865 Month: Feby Day: 28 | Age: 1 Y. 18 M. D. | Native of: Maryland | Occupation:

~~Male~~ Female | ~~White~~ ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: John C Shorb

Mother's Name: Martha Baker

Cause of Death — Primary: Measles 5

Immediate: Pneumonia

How long sick: 3 weeks

~~Accident, Suicide, Homicide~~

Reported by: Robert L Annan

Address: Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Malinda Smith

Certificate of Death

Died at Town: Wolfsville County: Frederick MARYLAND

Date 1900 Month 2. Day 15 | Age Y. 61 M. 6 D. 20 | Nativa of Wolfsville | Occupation Laborer

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow X Widower | ~~Divorced~~ | Number of children living 5

Husband ~~Wife~~ of Daniel Smith

Father's Nama Johnathan Smith Mother's Name _____

Cause of Death: ~~Primary~~ Hemorrhage of the brain ~~How long sick~~

Immadiate

Accident, Suicide, Homicide

Reported by James A. Gore

Address Wolfsville Md.

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Roy G. Powell

of Mt. Gretna Md.

Name in Full: Mrs May Ann Smith

Certificate of Death

Died at: Town: Petersville County: Frederick MARYLAND

Date: 1920 ~~189~~ Month: Feb Day: 8 | Age: Y. 62 M. D. | Native of: Ireland | Occupation: house keeper

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of: Frank Smith

~~Father's~~ Name

Mother's Name

Cause of Death: Primary: Pneumonia 72 | How long sick: 5 days

Immediate | Accident, Suicide, Homicide

Reported by: C. H. Feeb & Bro.

Address: Brunswick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Received 2-8-1900
6.30 P.M.

Attended by Dr
Colagger

Name in Full: Louisa E. Colt

Certificate of Death

Died at Town: Frederick. County: 11 MARYLAND

Date 1900 Month: 2 Day: 12 | Age Y.: 3 M.: 6 D.: 9 | Native of: md | Occupation: X

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband / Wife of: X

Father's Name: James E. Colt | Mother's Name: Bertie L. Haller

Cause of Death: Primary: Broncho-Pneumonia | How long sick: 3 days

Immediate: Coma 71 | Accident, Suicide, Homicide

Reported by: Chas. F. Goodell M.D.

Address: D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Joseph Strider

Certificate of Death

Died at Town near Brunswick County Frederick MARYLAND

Date 19 00 Month 2 Day 18 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Brunswick Herald

Address

2-23-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full Fannie M. Trafmell

Certificate of Death

Died at Town Middletown County Frederick MARYLAND

Date 19 00 Month 2 Day 27 | Age Y. 5 M. 3 D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Rev. Dr. Joseph Trafmell Mother's Maiden Name

Cause of Death { Primary 161 | How long sick 5 weeks

Immediate | Accident, Suicide, Homicide

Reported by Brunswick Herald

Address 3-2, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Paul Virts

Certificate of Death

Died at Town: Point of Rocks County: Frederick MARYLAND

Date 1900 Month: Feby Day: 26 Age Y.: 6 M.: 8 D.: 14 Native of: Md. Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Marshall Virts

Mother's Name: Della Shellman

Cause of Death: Primary: Ptomaine Poisoning

Immediate: Peritonitis

How long sick: 7 days

~~Accident, Suicide, Homicide~~

Reported by: R. W. Trapnell M.D.

Address: Point of Rocks Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988

Name in Full

Certificate of Death

Mary Key Wade

Town

County

Died at Frederick Frederick MARYLAND

Month Day Y. M. D.

Date 1900 Feb 16 Age 15 Native of Montgomery Co. Md. Occupation Student

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number~~ of children living

~~Husband~~ of

~~Wife~~

Father's Name Wm H Wade

Mother's Name Dead

Cause of Death: Primary — Acute Bright's Disease with Bronchitis — How long sick 14 days

Immediate — 96

Accident, Suicide, Homicide

Reported by F. F. Smith

Address 40 East 2nd Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sister Philothea (Mary Welch)

Town

County

Died at Emmitsburg Frederick Co MARYLAND

Date 1900	Month Day	Age Y. M. D.	Native of	Occupation
	Feb. 12		Ireland	Sister of Charity

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Walter Welch

Mother's Maiden Name Judith Delany

Cause of Death — Primary: Softening of the brain

Immediate: Atrophy

How long sick

Accident, Suicide, Homicide

Reported by Joseph Hohe

Address Emmitsburg, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70898

Name in Full Mrs Mary West. Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date ~~189~~ 1900 Month 2 Day 5 Age Y. 46 M. D. Native of Md Occupation House-wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 153

Husband / Wife of John West

Father's Name Wm Morgan Mother's Name

Cause of Death: Primary General Debility How long sick six weeks

Immediate Heart failure, ~~Accident, Suicide, Homicide~~

Reported by Frank H. Hedges M.D.

Address Frederick Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

over

LIBRARY BUREAU, 65968

Interment Feb 8th
" at Lexington Ohio
A. T. Rice & Son's.